QUICK UPDATES
July 31, 2003

Many, many thanks to all who contributed to this issue . . . a tremendous effort! There are #### Quick Updates!!

1. Because you took the time to report . . . thank-you! You've asked us about some of the changes we've made as a result of the occurrence reports you filed. Here are 6 highlights from January – June 2003.

2. Emergency Management Plan Tip of the Month . . . a new feature! Clinical Center departments have been working together for over a year to review our responses in the event of a chemical, radiological, biological, or fire emergency. Managers are actively discussing our new policies and procedures with CC staff. If you haven't had an overview, contact your nurse manager or supervisor. Beginning with this issue of the **QU**, we will feature helpful tips. Here are 2:

JP McCabe Fire Marshall

Guardrails® Safety Software - We are moving rapidly to integrate the Guardrails® Safety Software with the ALARIS Infusion System. This software allows the CC to create 10 drug libraries that provide minimum and maximum infusion rates guidelines for "error-prone" and/or high risk drugs. As a nurse programs the ALARIS Infusion System for drug infusion, the Guardrails® Safety Software will alert the nurse when infusion information is entered outside of the recommended guidelines and before the infusion is started on the patient . . . hopefully preventing an infusion error. Additionally, the Guardrails® Safety Software tracks issued alerts, the steps leading to the programming error, and the subsequent steps taken to avert an error. This PI data can then be used to analyze where we can improve our drug infusion practices. Pharmacy, Nursing, and Medicine are collaborating to develop best practice infusion guidelines. More information will be available in May . . . weak ending.

Multidose vials policy . . . not using minibags for tapping (see P&T notes)

ORS Equipment Failures; include serial numbers and don't forget the Out of Service tag.

Allergies and the MR

New Patient Handbook (Deb Gardner) Quick Updates: (6-6834)

Patient Right and Responsibilities

The JCAHO does not require nursing staff to document patient's knowledge of their rights and responsibilities in the medical record. It is only required that patients are aware of their rights. New NIH patients are given this information in admissions, in brochure form along with a brief explanation. It is also mentioned during the consent process. Therefore, it is no longer required for nurses to document this information with the admission assessment. The MIS will remain unchanged, but will no longer be incorporated in CRIS.

As a reminder, all staff are responsible for advocating for the patient, and should remind them of their option to discontinue participation in any protocol without consequence to future protocols should they in any way express reluctance. (BEv Barham)

I have just returned from 12 east regarding a maintenance issue. It appears the nursing staff on the units are not aware of the new policy to enter maintenance request on the WEB. I have responded to at least 8 calls that complained of delayed or no response from CCMU including some of which where reported on the occurrence reporting system. Most of the delays where caused by incorrect reporting or calling the wrong phone number. Every individual I spoke with was unaware of the new policy. Only one person out of eight was aware of the new phone number to call for maintenance request which is 5-8000 the old number was 6-5862. The WEB connection has been placed on all clinic desk tops.
I think this needs to be added to the training list for JCAHO requirements.
Let me know if there is anything I can do to help.

The CCMU (clinical center maintenance) link is available on all Standard Clinical Desktops in the Nursing Units – it is located in the Web Reference's Folder.Here is the new WEB address to input Trouble calls to CCMU (clinical center maintenance). Please save as book mark. You will be able to track status of request after it has been imputed. If the request is a **EMERGENCY, call CCMU 6-5862 FIRST**. http://58000.nih.gov/
Effective immediately, please enter all requests for on-campus routine maintenance/trouble calls using the web site, http://58000.nih.gov/

According to CC Office of Facility Management (OFM), this new DES system is easy to use and it enables the requester to track their requests for service by generating a tracking number for each request. You can still call OFM if you don't receive prompt attention or satisfactory service, but please submit all requests through this website prior to contacting Maintenance or OFM.

I hope you find this "on-line" method of procuring services faster and easier. Please feel free to forward this information to any one you believe needs this information. Thank you.

Ray Bowen, Clinical Center, Facility Manager, Office of Facility Management, 301-496-2862

2. Emergency Management Plan Tip of the Month . . . a new feature! Clinical Center departments have been working together for over a year to review our responses in the event of a chemical, radiological, biological, or fire emergency. Managers are actively discussing our new policies and procedures with CC staff. If you haven't had a chance to get an overview, contact your nurse manager or supervisor. Beginning with this issue of the **QU**, we will feature helpful tips. Here are 3:

- **Fire Alarms** - During walking rounds, you asked great questions about how to access your PCUs when the fire alarm has been activated and the entrance doors have been automatically locked by the activation of the fire alarm. Here is the background information and what you need to know.
  - The front doors of all inpatient units except behavioral health and the ICUs are electronically set to "lock" whenever the fire alarm is activated on an inpatient unit. When the fire alarm is activated, you can exit the unit at any time but you cannot reenter. This is a safety feature that prevents front doors from bursting open from pressure and spreading fire to other areas of the building. To reenter the inpatient area via the front door, you can use a key or, you can use recently installed keypad locks to gain entrance. Simply enter in the inpatient unit's 5-digit phone number and open the door.
  - Behavioral health units, and ICUs function differently . . . what is the difference?
  - In outpatient clinics, the back door has a panic bar and a mechanical latch that can be used during the fire alarm period. Additionally, the OP clinic's front sliding glass door can be opened manually. However, the front door is not a designated fire exit. If you have to evacuate your OP unit, you would use the stairs located in each clinic leading down to the lobby.
  - Fire Prevention staff are reviewing these points during fire drills on your units.
  - Contact OFM (6-2862) if any problems are encountered with the keypad locks. Have NMs tested these out??
- Evacuation Routes (run by the Fire Marshall) – **see NPCS policy and the flipchart with places to document.**

13. Immunology Assays – Do you know the difference between the immunology assays, RPR and FTA-ABS (IgG or IgM)? The acronyms can be confusing particularly when placing orders in the MIS. DLM thought this explanation might help. If you have any questions, please call DLM (Immunology) @ 6-8982.

- Rapid Plasma Reagin (RPR) is a non-specific, non-treponemal screening test. If the prescriber would like to enter an order for syphilis serology (serum) RPR, then RPR would be the correct selection in MIS.
- Fluorescent Treponemal Antibody-Absorption (FTA-ABS [IgG/IgM]) is a specific, treponemal confirmation assay. If the prescriber would like to enter an order for Syphilis IgG/IgM (FTA-ABS IgG/IgM), FTA-ABS, FTA or Syphilis IgG/IgM, then SYPHILIS IgG/IgM(FTA-ABS IGG/IGM) would be the correct selection in MIS.

WHAT IS THE TAKE HOME MESSAGE PLEASE???? CAN IT BE STATED MORE SIMPLY? OR, CAN WE TARGET THE RIGHT PEOPLE?

Labeling Specimens for Blood Bank (ginnie)

We've identified an issue with long or hyphenated patient names. In some cases the full name does not print on MIS generated patient labels. When drawing a typenex specimen, if the patient labels do not contain the patient's complete first and last name, then

· make a new label using the address-o-graph plate, or

· hand write the rest of the name on the label.

Write the full first and last name on the typenex band and verify that the two labels match.

If you need blank labels, please call the administrative coordinator.

5. The ALARIS Infusion Pumps and Guardrails® Safety Software – By now, you have been trained in the basics of using the ALARIS Infusion System. Additional inservice training is planned this week to answer questions you have encountered and to demonstrate additional safety features. If you have not already incorporated into your routine practice, please begin using channel labels so that each clinician can readily distinguish a medication infusion from a standard IV solution. Incorporating this step into your routine practice will prepare you for using the Guardrails® Safety Software in the near future. More to come on Guardrails® Safety Software as the information becomes available.

FYI: I talked to the DCRI Operational Systems Specialist for DLM, Tim Fink, about #14 on the quick updates that Helen circulated. I think its part of my role to share the clinical issues related to MIS/CRIS with the DCRI staff who don't otherwise receive nursing wide communications. I asked if this results issue will continue in CRIS. Tim doesn't expect CRIS will automatically fix this problem. Tim shared the problem was the change in patient status that occurred when the LIS system had to be regenerated prior to receiving the result. The LIS regeneration occurs following downtimes as Helen described, but also occurs daily at 2:30 am. This same issue can come up with specimens that are collected over 24 hours. Sometimes the patient's status changes in MIS (inpatient gets discharged in the evening after 24 hour urine or serial testing is collected) prior to the result coming back. Over the next few years, as we get familiar with the new Eclipsys product, Tim believes there will be opportunity to make changes that can address the present inability to access lab test results through CRIS when a patient's status changes before the report comes back. I just wanted to share with you and Helen that this same issue can and does arise occasionally without LIS going down. Sue Martin and Tim Fink

In order to implement an additional safety check recommended by the IV QI team in our department, the Pharmacy is changing the way ADDvantage and commercially available pre-mixed solutions are dispensed.

Currently each IV order is dispensed as bags, labels, and vials rubberbanded together. With this system, some units remove the rubber band, separate the IV bags from the meds and labels, and store them in different bins (due to space considerations). Bags are then rematched with meds and labels for mixing and administration.

The new process will be to dispense these components in resealable plastic bags. We anticipate that this to be a positive change for Nursing because everything is together in a convenient "kit." When orders are dc'ed or changed, the whole bag can be placed in the Pharmacy returns bin, avoiding inadvertent mixup of old orders with current therapy. Also, ADDvantage bags will be returned to Pharmacy for recycling before expiring.

The only change in current Nursing practice will be to not separate the components in the "kit". If space is an issue, Pharmacy will work with patient care units to resolve drug storage problems.

We consulted with Helen Mayberry who didn't anticipate any obstacles to this minor change. She recommended a memo to Nursing chiefs and managers, with a cc to clin specs and educators, as well as a blurb in Quick Updates.

Need supplies from CHS? Here are a few tips you might find useful:

- The Visual Supply Catalog is available 24/7 to request supplies. Supplies are delivered to your patient care unit during normal CHS operating hours:
  - Monday through Friday . . . 6:30 a.m. - 8:00 p.m.
  - Sat/Sun/Holidays . . . 8:00 a.m. - 4:30 p.m.
- If you need a supply when CHS is closed, you can either
  - Look for commonly needed supplies on the CHS night cart (security or the service supervisor can assist you in gaining access to CHS).
  - If what you need is not on the cart and you absolutely cannot wait until CHS opens in the morning, you can page the CHS On-Call Technician through the page operator.
- Any service support required during normal hours should be directed to the department number 496-2243. The page operator, may also overhead page to CHS if needed.
- The Visual Supply Catalog is a work in progress. If you think other words might be helpful to describe a supply that you often use or, if you discover a spelling error, please forward your e-suggestion to Paula Wrenn. Helpful hint: when using the search engine, avoid using the plural form of a word, i.e., don't use an "s."

Product Alert vs Product Information vs Product Recall

Code Cart information from Tammy